## Case 15-36123 Doc 2 Filed 10/23/15 Entered 10/23/15 15:57:39 Desc Main Document Page 1 of 2

				Doc	ument	Page 1 of	2			
Fill	in this informat	ion to identify your case	e:							
	btor 1	Sara Alexandria								
		First Name	Mide	dle Name		Last Name				
	btor 2									
(Sp	ouse if, filing)	First Name	Midd	ddle Name		Last Name				
United States Bankruptcy Court for the: NORTH		NORTHE	HERN DISTRICT OF ILLI		INOIS					
Ca	se number									
(if known)						-			Check if this amended filir	
	ficial Form		_							
Αp	plication	for Individuals	to Pay	the Fi	ling Fee	in Installm	<u>lei</u>	nts		12/14
info	rmation.	nd accurate as possib			ople are fili	ng together, both	h a	re equally responsi	ble for supplying cor	rect
ıα	Орес	ny rodi rroposcu ra	yment min	Clabic						
1.		er of the Bankruptcy	Code are		Chapter 7					
	you choosin	g to file under?			Chapter 1	1				
					Chapter 1	2				
					Chapter 1	3				
2.		oly to pay the filing fe		You p	ropose to p	oay				
	four installments. Fill in the amounts you propose to pay and the dates you plan to									
		e sure all dates are bu								
		idd the payments you				☐ With th	ne fi	iling of the petition		
	to pay.			\$	335.00			ore this date	11/20/15	
				· —		_ 011012	0010	010 1110 4410	MM / DD/ YYYY	
		pose to pay the entire								
		days after you file this		\$	\$ On or before this date		this date	1414 / DD/2000/		
		ase. If the court approv ne court will set your fir		\$		On or before this date		this data	MM / DD/ YYYY	
	payment time	•	nai	Ψ				tilis date	MM / DD/ YYYY	-
	ραγσ			+ \$		On or befo	ore	this date	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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					335.00					
Total		Total	\$	333.00	Vour total must	001	ual the entire fee for	the chapter you check	od in lino 1	
			TOTAL			1 Tour total must	eq	uai trie entire lee lor	ine chapter you check	eu III IIIIe 1.
Pa	rt 2: Sign	Below								
_		_				_				
	signing here, y erstand that:	ou state that you are	unable to	pay the fu	II filing fee	at once, that you	wa	ant to pay the fee in	installments, and tha	at you
		nust pay your entire filir					sfei	r any more property t	o an attorney, bankrup	tcy petition
		rer, or anyone else for						, unloca the count let	or outondo vour doodli	na Vaur
		nust pay the entire fee will not be discharged				ist lile for bankrup	лсу	, unless the court lat	er exterios your deadii	ne. Your
		do not make any paym				cy case may be di	ism	nissed, and your right	s in other bankruptcy p	oroceedings
		e affected.		, ,				. , ,	, ~, 1	3-
									_	
X		andria Nassar	X _				X	/s/ S. M. de Rath		
	Sara Alexan			0'	-(D.); =			S. M. de Rath, Es		
	Signature of D	ebtor 1	,	Signature	of Debtor 2			Your attorney's nam	e and signature, if you	used one

Date

Date **October 21, 2015** 

MM/ DD / YYYY

Date

MM / DD / YYYY

October 21, 2015

MM / DD / YYYY

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		Documer	nt Pa	ge 2 of 2	
	ation to identify your case:	N			
Debtor 1	Sara Alexandria I First Name	Nassar Middle Name	Last N	Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last N		
	ankruptcy Court for the:	NORTHERN DISTRIC	OT OF ILLIN	OIS	
Case number (if Chapter filing und			■ □ □	Chapter 7 Chapter 11 Chapter 12	
				Chapter 13	
Order Appr	rovina Povmont a	of Eiling Eoo in In	ctallma	nte	
Order Appr	roving Payment o	n rilling ree in in	Stailile	IIIS	
After consider that:	ing the <i>Application for</i>	Individuals to Pay the	e Filing Fe	ee in Installments (Offi	icial Form B 3A), the court orders
☐ The debtor(	(s) may pay the filing f	ee in installments on	the terms	proposed in the appli	cation.
☐ The debtor(	(s) must pay the filing	fee according to the f	ollowing to	erms:	
·	You must pay	G	before thi		
	\$	Month	/ day / yea	ur	
		WOTHT	r day r yea	u	
	\$	Month	/ day / yea		
		MONTH /	/ day / yea	li .	
	\$				
		Month /	/ day / yea	ır	
+	\$				
		Month /	/ day / yea	ır	
Total	\$				
	fee is paid in full, the to anyone else for se				ransfer any additional property to
		Py the	court:		
	Month / day / y	<b>By the c</b> rear	U	nited States Bankrupt	tcy Judge